



**LAW ENFORCEMENT AND VICTIM SERVICES DIVISION
GOVERNOR'S OFFICE OF EMERGENCY SERVICES**

3650 SCHRIEVER AVENUE
MATHER, CALIFORNIA 95655
(916) 324-9100
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April 7, 2006

To: PROJECT DIRECTORS
Violence Against Women Vertical Prosecution Program (VAW-VP)

RE: Request For Application (RFA) FY 2006/07

The Governor's Office of Emergency Services (OES), Law Enforcement and Victim Services Division, is pleased to announce the release of the Violence Against Women Vertical Prosecution (VAW-VP) Program Request for Application (RFA) for Fiscal Year (FY) 2006/07. Enclosed are instructions and forms for completing the VAW-VP RFA.

The grant period begins on July 1, 2006 and ends on June 30, 2007. Please note that continuation funding is contingent upon satisfactory project performance, and subject to the availability of federal Violence Against Women Act (VAWA) funds.

There is approximately \$1,815,000 available for this program in FY 2006/07. Only the sixteen (16) VAW-VP projects funded in FY 2005/06 are eligible to apply for continuation funding through this RFA. See the funding table in the RFA for your agency's funding level.

New changes for FY 2006/07 are:

- Operational Agreements (OAs) – Projects must formalize an operational agreement with appropriate local agencies in the county. This agreement must demonstrate a formal system of networking and coordination among the agencies with special working relationships involving crisis intervention, emergency services, resource and referral assistance and direct counseling. A formal signed OA must be maintained on file, however, projects are not required to submit the OAs with this application (page 10).
- The grant award face sheet and project summary documents have been revised.

The Violence Against Women Vertical Prosecution Program RFA is attached to this e-mail. The RFA will also be posted on the OES website in the near future at: www.oes.ca.gov, OES Divisions and Regions, Law Enforcement and Victim Services Division, RFA Funding Information.

To receive continuation funding, applicants must complete and return the enclosed grant application package to OES by the deadline listed on page 1. Instructions for mailing or hand delivery of the application are included in the RFA.

Should you have any questions regarding this RFA, please contact Ed Giacomelli at (916) 324-9205 or via e-mail at edward.giacomelli@oes.ca.gov.

Sincerely,

MARIAELENA RUBICK, Chief
Victim/Witness Section

Attachment

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION
VIOLENCE AGAINST WOMEN VERTICAL PROSECUTION PROGRAM
REQUEST FOR APPLICATION**



APRIL 2006

**GOVERNOR’S OFFICE OF EMERGENCY SERVICES
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

**VIOLENCE AGAINST WOMEN VERTICAL PROSECUTION PROGRAM
REQUEST FOR APPLICATION**

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**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

**VIOLENCE AGAINST WOMEN VERTICAL PROSECUTION PROGRAM
REQUEST FOR APPLICATION**

PART I – INFORMATION

A. INTRODUCTION

This Request for Application (RFA) provides all of the information and forms necessary to prepare an application for the Governor's Office of Emergency Services (OES) grant funds. The terms and conditions described in this RFA supersede all previous RFAs and any conflicting provisions stated in the *2004 Recipient Handbook*. The *2004 Recipient Handbook* provides helpful information for developing the application and can be accessed at the website www.oes.ca.gov by selecting "Plans and Publications, 2004 Recipient Handbook".

B. CONTACT INFORMATION

Ed Giacomelli, Program Specialist
Tel: (916) 324-9159
Fax: (916) 324-8554
Edward.giacomelli@oes.ca.gov

Questions concerning this RFA, the application process, or programmatic issues should be submitted to the above contact person by telephone, fax or e-mail.

C. APPLICATION DUE DATE AND SUBMISSION OPTIONS

One original and one copy of the application must be delivered to OES' Law Enforcement and Victim Services Division by the date and time indicated below. Submission options are:

- a. Regular or overnight mail, **postmarked by Tuesday, May 16, 2006**, to:

Governor's Office of Emergency Services
Law Enforcement and Victim Services Division
3650 Schriever Avenue
Mather, CA 95655
Attn: VV-RFA, Victim Services Section

- b. Hand delivered by **5:00 p.m. on by Tuesday, May 16, 2006** to:

Governor's Office of Emergency Services
Law Enforcement and Victim Services Division
3650 Schriever Avenue
Mather, CA 95655
Attn: VV-RFA, Victim Services Section

D. ELIGIBILITY

To receive funding under this program, applicants must be currently operational and receiving OES grant funding for the Violence Against Women Vertical Prosecution (VAW-VP) Program.

E. **FUNDS**

Funding provided by this application is for a twelve (12) month period beginning July 1, 2006 and ending June 30, 2007. The budget must reflect a 12-month period.

It is anticipated there will be approximately **\$1,815,000** available to fund the VAW-VP Program in Fiscal Year (FY) 2006/07 contingent upon approval of the FY 2006/07 State Budget Act and availability of Federal Violence Against Women Act (VAWA) funds. Refer to the Funding Chart below for your agency's funding allocation.

Allocations listed on the funding chart are provisional amounts based on last year's award. If the funding amounts change, you will be required to submit new budget pages.

A 25% match, based on the Total Project Cost, is required. The match may be met through cash and/or in-kind services. Funds designated as match are restricted to the same use as VAWA funds. All match specified in the budget will become part of the grant award. The budget pages must clearly reflect those items that are meeting the VAWA match requirement.

Please note these funds must not be used to duplicate prosecutor's activities funded by the Spousal Abuser Prosecution Program authorized in Penal Code Sections 273.8-273.88, currently administered by the California Department of Justice.

Federal monies must not be used to meet the VAWA match requirement for this grant.

RECIPIENT	AMOUNT	MATCH	TOTAL
Alameda County	\$140,000	\$46,667	\$186,667
Fresno County	\$110,000	\$36,667	\$146,667
Kern County	\$110,000	\$36,667	\$146,667
Los Angeles County	\$180,000	\$60,000	\$240,000
Nevada County	\$90,000	\$30,000	\$120,000
San Diego County	\$180,000	\$60,000	\$240,000
San Francisco County	\$110,000	\$36,667	\$146,667
San Joaquin County	\$110,000	\$36,667	\$146,667
Santa Barbara County	\$105,000	\$35,000	\$140,000
Santa Cruz County	\$105,000	\$35,000	\$140,000
Sutter County	\$90,000	\$30,000	\$120,000
Trinity County	\$90,000	\$30,000	\$120,000
Tulare County	\$105,000	\$35,000	\$140,000
Tuolumne County	\$90,000	\$30,000	\$120,000
Ventura County	\$110,000	\$36,667	\$146,667
Yolo County	\$90,000	\$30,000	\$120,000
TOTAL FUNDING	\$1,815,000	\$605,002	\$2,304,998

F. PROGRAM INFORMATION

1. Program Purpose/Description

Assisting victims is a key focus of many of OES' programs, and ensuring that perpetrators of crime are processed through the criminal justice system is part of a victim's road to recovery.

The prosecution of crimes against women, including sexual assault, domestic violence, stalking and dating violence is the goal of the VAW-VP program. Vertical prosecution means the same prosecutor, who is specifically qualified in violence against women issues, is assigned to these cases from beginning to end, resulting in a higher rate of conviction and better services to the victim.

Vertical Prosecution has shown to improve conviction rates, reduce victim trauma, and provide more consistent, appropriate sentencing. Through program grants supporting "vertical prosecution", district and city attorneys are able to develop teams that specialize in the investigation and prosecution of crimes involving violence against women. Victims are able to work with the same prosecutor and investigator from the time charges are filed through the sentencing of the offender. Trained counselors/advocates also work with the victim to make the trial process less traumatic and overwhelming.

Through this program, projects may fund part-time or full-time qualified deputy district attorneys or city attorneys, and district attorney or city attorney investigators.

2. Unit Operations

Units receiving funds under this program shall concentrate prosecution efforts and resources on individuals that are accused of serious crimes against women. In vertical prosecution units, the prosecutor or prosecution unit makes the initial filing or appearance in a case, and performs all subsequent court appearances on a particular case through to its conclusion including the sentencing phase. In addition, the unit is assigned highly qualified prosecutors and investigators to the specific category of cases, and the unit maintains a reduction of caseloads for its prosecutors and investigators.

Prosecutors and investigators funded by this program must be **EXCLUSIVELY** assigned to prosecute violations of violent crimes against women. These positions may be split funded ONLY when grant funds are insufficient to support fulltime staff positions.

Funded projects are required to establish a personnel rotation policy for vertical prosecution staff that demonstrates a commitment to stability and continuity of staff assignments.

3. Degrees of Vertical Prosecution

To allow for the realities of case management, such as scheduling conflicts, illness and extraordinary events, OES recognizes three degrees of vertical prosecution as follows:

a. True Vertical Prosecution

The same prosecutor files the charges, OR makes the first appearance, after the defendant is identified as meeting the necessary criteria, AND makes all subsequent court appearances through the sentencing stage.

b. Major Stage Vertical Prosecution

The same prosecutor files the charges, OR makes the first appearance, after the defendant is identified as an individual meeting the necessary criteria, and all significant appearances, such as: preliminary hearing, trial, sentencing, contested motions affecting bail, admissibility of evidence, dismissal of charges, change of venue, motions to sever or consolidate, discovery, setting aside the verdict, or motions concerning search warrants.

c. Unit Vertical Prosecution

Based upon extraordinary circumstances (such as: court conflicts, scheduling conflicts requiring appearances at two or more places at one time, geographic location of hearing, illness or absence due to unavoidable circumstance), the principal prosecutor who filed the charges (OR made the first court appearance after the defendant was identified as an individual meeting necessary grant criteria) is assisted by no more than one other unit attorney. This back-up attorney must be designated for the entire grant award period.

4. Required Policies for Violence Against Women Vertical Prosecution Projects

Each District/City Attorney's office establishing a Vertical Prosecution Unit and receiving grant fund support under this program shall adopt and pursue the following policies:

- a. All reasonable prosecutorial efforts will be made to resist pre-trial release of a charged defendant meeting program priority selection criteria.
- b. Nothing in this application shall be construed to limit the application of diversion programs authorized by law. All reasonable efforts shall be made to utilize diversion alternatives in appropriate cases.
- c. All reasonable prosecutorial efforts will be made to reduce the time between arrest and disposition of charges against an individual meeting program priority criterion.

OES requires all policies developed in conjunction with the foregoing principles be in writing and available to unit staff and OES. These policies should be reviewed periodically to ensure they reflect current concepts and applicability. The existence and evaluation of the current written policy regarding the foregoing will be considered when determining compliance with these objectives.

5. Links to Other Programs

Applicants are required to obtain a current, signed Operational Agreement with the OES funded Victim/Witness Assistance program and, if applicable, the local Rape Crisis Center and/or Domestic Violence Shelter.

Projects must actively and regularly participate in their city and/or county's violence against women interagency task force. Documentation of participation must be kept by the project, meeting minutes identifying participants is the best method of documentation. If a project is in a county that does not have an existing interagency task force, OES encourages the project to develop those community partnerships.

G. ADA COMPLIANCE

Applicants must be in compliance with the Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. 12101, et seq, and Title 28 of the Code of Federal Regulations, part 35. The applicant shall operate so that each service is accessible to and useable by individuals with disabilities.

Applicants may comply with the requirements of this section through such means as redesign of equipment, reassignment of services to accessible buildings, assignment of aides to beneficiaries, home visits, delivery of services at alternative accessible sites, alteration of existing facilities and

construction of new facilities, use of accessible rolling stock or other conveyances, or any other methods that result in making its services, programs, or activities readily accessible to and usable by individuals with disabilities.

Applicants must ensure that communication with individuals with disabilities is as effective as communication with others without disabilities. This includes the use of telecommunications systems for communications by telephone. Applicants must also ensure that individuals with impaired vision or hearing can obtain information as to the existence and location of accessible services, activities, and facilities, as well as provide appropriate signage. This includes all written materials (i.e. brochures, applications, consents, videos, etc.)

Applicants must ensure that all aspects of employment comply with ADA, including the application process (recruitment, hiring) and employment tasks.

H. PREPARING AN APPLICATION

For clarity, the forms in Part III include an Application Cover Sheet. Please complete the Application Cover Sheet and attach it to the front of the application.

The following seven components are required for a complete application:

- Application Cover Sheet;
- Grant Award Face Sheet (OES A301);
- Project Contact Information;
- Certification of Assurance of Compliance;
- Project Narrative;
- Budget Narrative and Project Budget (OES A303a-c); and
- Application Appendix (if applicable).

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

**VIOLENCE AGAINST WOMEN VERTICAL PROSECUTION PROGRAM
REQUEST FOR APPLICATION**

PART II – INSTRUCTIONS

The instructions in this section correspond to each of the application components, as well as to the forms provided in Part III.

The applicant must use the forms provided or computer-generated forms, and plain 8½ x 11" white paper for the project narrative sections. If computer-generated forms are used, they must duplicate the OES forms.

Application must be typed with characters no smaller than standard 12-pitch font. **The applicant must double-space all narrative sections of the application.**

Copies of the application must be assembled separately and individually fastened in the upper left corner. **Do not bind application.**

A. PROJECT NARRATIVE

The project narrative is the main body of information describing the problem to be addressed, the plan to address that problem through appropriate and achievable objectives and activities, and the ability of the applicant to implement the plan.

1. Problem Statement (maximum 1 page)

The performance history/problem statement section is a narrative that explains the development of your program and how it has evolved. Describe the resources you have and any growth in services. Explain what is missing today in terms of services and resources. Look at this as a report of your past performance. Describe what is still needed and why. Address the unique problems in your county.

2. Plan and Implementation

Plan: This section of the project narrative should present the plan to address the problem. Describe the elements required for plan development, such as goals, objectives, activities or timelines. All goals should have measurable results.

- Describe the process in which cases are referred to the unit, including the source of referrals.
- Describe the project strategies to develop linkages to increase the number of cases referred/prosecuted.
- Describe how the applicant will implement vertical prosecution within the unit.
- Describe how the project will ensure all victims are provided either direct services or referrals to appropriate victim services agencies. All referrals will be initiated in writing within seven days of charging the case, or receiving the case into the unit, whichever comes first.

Implementation: Type each mandatory objective on a separate page and list the activities and projected numbers under the corresponding objective. Provide quantitative measures for each objective as well as details/steps necessary to achieve each objective.

Objective A: During the first year of funding, increase prosecution and conviction rates of violent crimes against women, including sexual assault, domestic violence, dating violence and stalking as measured by the total number of defendants anticipated (or projected) to be prosecuted and/or convicted by the project. **Maintain these increased rates for the second and third year of funding.**

Quantitative measure:

- *Number of cases referred to VAW-VP Unit*
- *Number of cases in which charges were filed*
- *Number of cases in which an affirmative decision was made not to file charges*
- *Number of cases transferred to a higher or lower court*
- *Number of cases dismissed*
- *Number of convictions*

Objective B: Achieve vertical prosecution standards as measured by the number of VAW-VP cases to be prosecuted in each of the following categories: True; Major Stage; Unit.

Quantitative measure:

- *Number of defendants prosecuted using True Vertical Prosecution*
- *Number of defendants prosecuted using Major Stage Vertical Prosecution*
- *Number of defendants prosecuted using Unit Vertical Prosecution*

Objective C: Reduce specialized caseloads as measured by the average reduced caseload (excluding warrant cases) for VAW-VP prosecutors and investigators compared to non-project prosecutors and investigators. OES requires that VAW-VP caseloads be reduced by a minimum of one-third of a non-vertical caseload in the local prosecutor's office.

Quantitative measure:

- *Number of cases assigned to VAW-VP Unit Prosecutor*
- *Number of cases assigned to non-VAWVP Prosecutor*
- *Number of cases assigned to VAW-VP Unit Investigator*
- *Number of cases assigned to non-VAWVP Investigator*

Objective D: Ensure minimization of trauma to victims of violent crimes as measured in advocate employee direct services or through referrals to local Victim/Witness Assistance Centers, Domestic Violence Shelters, or Rape Crisis Centers.

Quantitative measure:

- *Number of cases in which victim was provided direct services by advocate employee assigned to VAW-VP Unit*
- *Number of cases in which victim was referred out to appropriate local service provider*

Qualifications of Staff Assigned: Briefly describe the staffing required to carry out the grant objectives as supported by the proposed budget. Discuss position qualifications and

responsibilities indicating if and where there are vacancies. **Current** resumes and duty statements must be maintained on site by the project for each staff person assigned to this project. Each position must be identified by staff name, percentage of time on grant, and duties performed. **Each staff person assigned to this grant must meet the following minimum selection standards** consistent with the goal of increased competency of personnel:

- **PROSECUTORS** – must have at a minimum three years of experience in the prosecution of **felony** cases (for District Attorneys, and misdemeanor cases for City Attorneys) within one or more of the VAW-VP specified crime categories **AND** attended or plan to attend (within nine months of the date of project participation) the California District Attorneys Association (CDAA) sponsored training in sexual assault, domestic violence, elder abuse, dating violence, battered immigrant women, and stalking.
- **INVESTIGATORS** – must have at least three years of experience in the investigation of felonies involving one or more of the crime types listed above.
- **VICTIM ADVOCATES** – must possess the required education/training as specified in Evidence Code Sections 1035.5-1036 (Domestic Violence) and/or 1037.1-1037.8 (Sexual Assault) and/or Penal Code Section 13835.10 (Victim/Witness), as outlined in the Program Guidelines.

B. PROJECT BUDGET

The purpose of the project budget is to demonstrate how the applicant will implement the proposed plan with the funds available through this program. Project costs must be directly related to the objectives and activities of the project. The budget must cover the entire grant period. In the budget, include **only** those items covered by grant funds, including match funds when applicable. Projects may supplement grant funds with funds from other sources. However, since all approved line items are subject to audit, the applicant should not include in the project budget matching funds (if applicable) in excess of the required match. All budgets are subject to OES modifications and approval.

OES requires the applicant to develop a **line item** budget that will enable them to meet the intent and requirements of the program, ensure the successful implementation of the project, and be cost-effective. Failure of the applicant to include required items in the budget does not exclude responsibility to comply with those requirements during the implementation of the project. The applicant should refer to the *2004 Recipient Handbook* at www.oes.ca.gov. The applicant can select “Plans and Publications, *2004 Recipient Handbook*” for additional information concerning OES budget policy or to determine if specific proposed expenses are allowable. Contact the person listed on page 1, subsection B of this RFA if you have additional budget questions.

1. Budget Narrative

The applicant is required to submit a narrative with the project budget. The narrative must be typed and placed in the application in front of the budget pages. In the narrative describe:

- How the applicant’s proposed budget supports the objectives and activities.
- How funds are allocated to minimize administrative costs and support direct services.
- The duties of project-funded staff, including any qualifications or education level necessary for the job assignment.

- How project-funded staff duties and time commitments support the proposed objectives and activities.
- Proposed staff commitment/percentage of time to other efforts, in addition to this project.
- The necessity for subcontracts and any unusual expenditures.
- Mid-year salary range adjustments.

2. **Specific Budget Categories**

There is a separate form in the Forms Section (Part III) for each of the following three budget categories:

- Personal Services – Salaries/Employee Benefits;
- Operating Expenses; and
- Equipment.

Each budget category requires line item detail that addresses the method of calculation and justification for the expense. Enter the amount of each line item in the right hand column of the Budget Category form. All charges must be clearly documented **and rounded off to the nearest whole dollar**. Enter the total amount of the budget category at the bottom of the form. If additional pages are needed, total only the last page of each budget category.

The bottom of the Equipment Category form contains a format for identifying the project total and fund distribution. This section must be completed and submitted even if there are no line items identified in the equipment category.

a. **Personal Services – Salaries/Employee Benefits (OES A303a):**

1) **Salaries**

Personal services include all services performed by staff who are directly employed by the applicant and must be identified by position and percentage of salaries. All other persons are to be shown as consultants in the Operating Expenses Category supported by a memorandum of understanding (MOU), contract, or operational agreement (OA), which must be kept on file by the recipient and made available for review during an OES site visit, monitoring visit, or audit. Furthermore, in the case of grants being passed through a recipient to be operated by another agency, the staff from the second agency will be shown in the Operating Expenses Category. In either case, they may be salaried or hourly, full-time or part-time positions. Sick leave, vacation, holidays, overtime, and shift differentials must be budgeted as salaries. If agency personnel have accrued sick leave or vacation time prior to the approval of grant funding, they may not take that time off using project funds.

2) **Benefits**

Employee benefits must be identified by type and percentage of salaries. The applicant may use fixed percentages of salaries to calculate benefits. Budgeted benefits cannot exceed those already established by the applicant.

Employer contributions or expenses for social security, employee life and health insurance plans, unemployment insurance, and/or pension plans are allowable budget items. Other benefits, such as uniforms or California Bar Association dues, are allowable budget items if negotiated as a part of an employee benefit package.

A line item is required for each different position/classification, but not for each individual employee. If several people will be employed full-time or part-time in the same position/classification, provide the number of full-time equivalents (e.g., three half-time clerical personnel should be itemized as 1½ clerical positions).

b. Operating Expenses (OES A303b):

Operating expenses are defined as necessary expenditures exclusive of personnel salaries, benefits and equipment. Such expenses may include specific items directly charged to the project, and in some cases, an indirect cost allowance. The expenses must be grant-related (e.g., to further the program objectives as defined in the grant award), and be encumbered during the grant period.

The following items fall within this category: consultant services such as subcontractors who are not employed by the applicant, travel, office supplies, training materials, research forms, equipment maintenance, software equipment rental/lease, telephone, postage, printing, facility rental, vehicle maintenance, answering service fees, and other consumable items. Furniture and office equipment with an acquisition cost of less than \$1,000 per unit (including tax, installation, and freight) **and/or with a useful life of less than one year fall within this category.**

All applicants must budget for a minimum of one OES-sponsored training session during the grant year. Unless otherwise notified, a minimum of two project staff from each participating agency must attend each training conference. One of the project staff must be the financial officer, or his/her designee, listed on the Grant Award Face Sheet. Applicants should budget a minimum of \$200 for registration fees for each person plus the state per diem rate.

c. Equipment (OES A303c):

Equipment is defined as nonexpendable tangible personal property having **a useful life of more than one year** and an acquisition cost of \$1,000 or more per unit (including tax, installation, and freight).

A line item is required for each different type of equipment, but not for each specific piece of equipment (e.g., three laser jet printers must be one line item, not three).

C. APPLICATION APPENDIX

The Application Appendix provides OES with additional information from the applicant to support components of the application. The following must be included:

- **Operational Agreement Summary Form** (Part III) must be completed and included in the Application Appendix. Maintain actual Operational Agreements (OA's) on file at the project (available to OES program staff upon request), but **do not submit** with this Application. List those agencies, organizations and individuals with whom the project must have OAs for FY 2006/07 and the years covered by those agreements (one, two or three years). A new OA need not be obtained if the current one covers FY 2006/07. When this is not the case, a

new OA for FY 2006/07 (at a minimum) must be obtained. OAs must be **on file at the project** by July 1, 2006.

OA's must be dated and contain original signatures, titles, and agency names for both parties. This document must demonstrate a formal system of networking and coordination with other agencies and the applicant. At a minimum, applicants are required to obtain OA's with the OES Victim/Witness Assistance center and, if applicable, the local Domestic Violence and Rape Crisis Centers. The OA should include each agency's roles and responsibilities and the services/resources they will be providing. Those submitted with the application **must be effective for the proposed grant year**. For the purpose of this RFA, the terms OA and Memorandum of Understanding (MOU) are synonymous.

- Project Service Area Information;
- Project Summary;
- Additional Signature Authorization (if applicable);
- Computers and Automated Systems Purchase Justification Guidelines (if applicable);
- Noncompetitive Bid Justification – Contracts for Services Checklist (if applicable); and
- Noncompetitive Bid Justification – Contracts for Goods Checklist (if applicable).

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

**VIOLENCE AGAINST WOMEN VERTICAL PROSECUTION PROGRAM REQUEST
FOR APPLICATION**

PART III – FORMS

CHECKLIST AND REQUIRED SEQUENCE

This checklist is provided to ensure that a complete application is submitted to OES.

- ☐ APPLICATION COVER SHEET

- ☐ GRANT AWARD FACE SHEET – Signed by the official authorized to enter into Grant Award Agreement.

- ☐ PROJECT CONTACT INFORMATION

- ☐ CERTIFICATE OF ASSURANCE OF COMPLIANCE

- ☐ PROJECT NARRATIVE
 - Problem Statement
 - Plan and Implementation

- ☐ PROJECT BUDGET
 - Budget Narrative
 - Budget Forms – OES A303a, A303b, A303c

- ☐ APPLICATION APPENDIX
 - Operational Agreement Summary Form;
 - Project Service Area Information;
 - Project Summary;
 - Additional Signature Authorization;
 - Computers and Automated Systems Purchase Justification Guidelines;
 - Emergency Fund Procedures;
 - Noncompetitive Bid Request – Contracts for Services Checklist;
 - Noncompetitive Bid Request – Contracts for Goods Checklist.



**LAW ENFORCEMENT AND VICTIM SERVICES DIVISION
GOVERNOR'S OFFICE OF EMERGENCY SERVICES**

3650 SCHRIEVER AVENUE
MATHER, CA 95655
(916) 324-9100
FAX: 327-5674



APPLICATION COVER SHEET

RFA PROCESS

VIOLENCE AGAINST WOMEN VERTICAL PROSECUTION PROGRAM
Deliver to Victim/Witness Section

Submitted by:

(Place name, address, and phone number of the applicant here.)

GRANT AWARD FACE SHEET INSTRUCTIONS

1. Grant Recipient

Enter the complete name of the agency or unit of government applying for funding (e.g. County of Alameda, City of Fresno) also referred to as the “recipient”.

2. Implementing Agency

Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g. Sheriff, Police Department).

3. Project Title

Enter the complete title of the project. Do not use acronyms.

4. Grant Period

Enter beginning and ending dates of grant cycle.

5A - 10G. Fund Allocations and Total Project Cost

For each fund source used in the program, enter the amount of state or federal funds requested, the amount of cash *and/or* in-kind match contributed and the resulting totals. Block 10G should correspond to the total project cost specified in the budget.

11. Certification Paragraph

Please review the Certification Paragraph.

12. Official Authorized to Sign for the Applicant/Grant Recipient

Enter the signature, name, title, address, telephone number, and e-mail address of the official authorized to enter into the Grant Award Agreement for the city/county or Community-Based Organization, as stated in block 11 of the Grant Award Face Sheet (OES A301). **Provide an original signature of the authorized official in blue in**

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

GRANT AWARD FACE SHEET (OES A301)

[FOR OES USE ONLY]	OES ID:	
	Award No:	

The Governor's Office of Emergency Services, hereafter designated OES, hereby makes a grant award of funds to the following

1. Grant Recipient: _____
hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.

2. Implementing Agency: _____

3. Project Title _____ **4. Grant Period** _____ **to** _____

Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
5.							
6.							
7.							
8.							
9.							
10. TOTALS			\$				10G. \$

11. This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify that: I am vested with authority, and have the approval of the City/County Financial Officer, City Manager, or Governing Board Chair, to enter into this grant award agreement; and all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Program Guidelines, the *Recipient Handbook*, and the OES audit requirements, as stated in the applicable RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in the applicable RFP or RFA, and agrees that the allocation of funds is contingent on the enactment of the State Budget.

12. Official Authorized to Sign for Applicant/Grant Recipient:

Name _____ Title _____

Official's Mailing Address: _____ City: _____ Zip: _____

Street Address (if different): _____ City _____ Zip: _____

Telephone: _____ (area code) FAX: _____ (area code) Email: _____

Signature _____ Title: _____

OES Program Manager

Date

OES Director (or designee)

Date

PROJECT CONTACT INSTRUCTIONS

1. Provide the name, title, address, telephone number, fax number, and e-mail address for the **person** having **day-to-day responsibility** for the project.
2. Provide the name, title, address, telephone number, fax number, and e-mail address for the **person** to whom the person listed in **#1 is accountable**.
3. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Executive Director** or **Chief Executive Officer** of the implementing agency.
4. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Financial Officer** for the project.
5. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Project Director** for the project.
6. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Chair** of the **Governing Body** of the implementing agency.

PROJECT CONTACT INFORMATION

Recipient _____ Grant Number _____

Provide the name, title, address, telephone number, fax number, and e-mail address for the project contact persons named below. **If a section does not apply to your project, enter "N/A."** **NOTE: If you use a P.O. Box address, a street address is also required for UPS and site visit purposes.**

1. The **Project Director** for the project:

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone: ()	Fax : ()	
E-Mail Address:		

2. The **Financial Officer** for the project:

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone: ()	Fax: ()	
E-Mail Address:		

3. The **person** having **routine programmatic responsibility**:

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone: ()	Fax : ()	
E-Mail Address:		

4. The **person** having **routine fiscal responsibility for the project**:

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone : ()	Fax: ()	
E-Mail Address:		

5. The Executive Director of a Community Based Organization or the Chief Executive Officer (e.g., Chief of Police, Superintendent of Schools) of the implementing agency:

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone: ()	Fax: ()	
E-Mail Address:		

6. The **Chair** of the **governing body** of the implementing agency: *(Provide address and telephone number other than that of the implementing agency.)*

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone: ()	Fax: ()	
E-Mail Address:		

CERTIFICATION OF ASSURANCE OF COMPLIANCE

The applicant must complete a Certification of Assurance of Compliance (OES 656), which includes details regarding Equal Employment Opportunity Program (EEOP), Drug Free Workplace Compliance, California Environmental Quality Act, Lobbying, Debarment and Suspension requirements, and Proof of Authority from City Council/Governing Board. The applicant is required to submit the necessary assurances and documentation before finalization of the Grant Award Agreement. In signing the Grant Award Face Sheet, the applicant formally notifies OES that the applicant will comply with all pertinent requirements.

Resolutions are no longer required as submission documents. OES has incorporated the resolution into the Certification of Assurance of Compliance, Section VI, entitled, "Proof of Authority from City Council/Governing Board." The Applicant is required to obtain written authorization (original signature) from the City Council/Governing board that the official executing the agreement is, in fact, authorized to do so, and will maintain said written authorization on file and readily available upon demand. This requirement does not apply to state agencies.

CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, _____ hereby certify that
(official authorized to sign grant award; same person as line 13 on Grant Award Face Sheet)

RECIPIENT: _____

IMPLEMENTING AGENCY: _____

PROJECT TITLE: _____

is responsible for reviewing the *2004 Recipient Handbook*¹ and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by OES including, but not limited to, the following areas:

I. Equal Employment Opportunity – (*2004 Recipient Handbook, Section 2151*)

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **OES-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Affirmative Action Officer: _____

Title: _____

Address: _____

Phone: _____

Email: _____

II. Drug-Free Workplace Act of 1990 – (*2004 Recipient Handbook, Section 2152*)

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug free workplace.

III. California Environmental Quality Act (CEQA) – (*2004 Recipient Handbook, Section 2153*)

The State of California requires all OES-funded projects to obtain written certification that the project is not impacting the environment negatively.

¹The *2004 Recipient Handbook* can be obtained from www.oes.ca.gov by selecting “Plans and Publications, 2004 Recipient Handbook.”

IV. Lobbying – (2004 Recipient Handbook, Section 2154)

OES grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

V. Debarment and Suspension – (2004 Recipient Handbook, Section 2155) *(This applies to federally funded grants only.)*

OES-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

VI. Proof of Authority from City Council/Governing Board

The above-named organization (applicant) accepts responsibility (with an original signature) for and will comply with the requirement to obtain written authorization from the city council/governing board in support of this program. The applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from OES shall not be used to supplant expenditures controlled by the city council/governing board.

The applicant is required to obtain written authorization (with an original signature) from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The applicant is also required to maintain said written authorization on file and readily available upon demand. This requirement does not apply to state agencies.

All appropriate documentation must be maintained on file by the project and available for OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the recipient may be ineligible for award of any future grants if the OES determines that any of the following has occurred: (1) the recipient has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

CERTIFICATION

I, the official named below, am the same individual authorized to sign the Grant Award Agreement [line 13 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: _____

Authorized Official's Typed Name: _____

Authorized Official's Title: _____

Date Executed: _____

Federal ID Number: _____

Executed in the City/County of: _____

AUTHORIZED BY: (Not Applicable to State Agencies)

- City/County Financial Officer, or
- City Manager, or
- Governing Board Chair

Signature: _____

Typed Name: _____

Title: _____

PROJECT NARRATIVE

GOES HERE

No standard forms are provided for the Project Narrative.

See Instructions in Part II of this RFA for details.

PROJECT BUDGET
BUDGET NARRATIVE
GOES HERE

No standard forms are provided for the Budget Narrative.

See Instructions in Part II of this RFA for details.

BUDGET CATEGORY AND LINE ITEM DETAIL			
A. Personal Services – Salaries/Employee Benefits	VAWA	VAWA MATCH	TOTAL
TOTAL			

BUDGET CATEGORY AND LINE ITEM DETAIL B. Operating Expenses	VAWA	VAWA MATCH	TOTAL
TOTAL			

BUDGET CATEGORY AND LINE ITEM DETAIL C. Equipment	VAWA	VAWA MATCH	TOTAL
CATEGORY TOTAL			
PROJECT TOTAL			

APPLICATION APPENDIX

GOES HERE

See Instructions in Part II of this RFA for details.

OPERATIONAL AGREEMENT SUMMARY FORM

(Maximum 3 year Operational Agreements)

[illegible]

PROJECT SERVICE AREA INFORMATION

1. COUNTY OR COUNTIES SERVED: Enter the name(s) of the county or counties served by the project. Put an asterisk where the project's principal office is located.

2. U.S. CONGRESSIONAL DISTRICT(S): Enter the number(s) of the U.S. Congressional District(s) which the project serves. Put an asterisk for the district where the project's principal office is located.

3. STATE ASSEMBLY DISTRICT(S): Enter the number(s) of the State Assembly District(s) which the project serves. Put an asterisk for the district where the project's principal office is located.

4. STATE SENATE DISTRICT(S): Enter the number(s) of the State Senate District(s) that the project serves. Put an asterisk for the district where the project's principal office is located.

5. POPULATION OF SERVICE AREA: Enter the total population of the area served by the project.

PROJECT SUMMARY INSTRUCTIONS

All of the necessary project information must be placed on the form in the space allowed. Additional pages may not be added. This is a **summary** of the project narrative.

1. **APPLICANT:** Enter the name and complete address of the organization that is applying for the grant.
2. **PROGRAM DESCRIPTION:** Provide a description of the specific area of service which OES is authorized to fund based upon state or federal legislation.
3. **PROBLEM STATEMENT:** Describe the problem the project will address. Support the problem with data such as number of offenses, description of the target area, and local needs.
4. **OBJECTIVES:** Include the quantifiable measurements which define a course of action in order to accomplish the program goals.
5. **ACTIVITIES:** Describe activities you will perform to accomplish each objective (quantify where possible).

PROJECT SUMMARY

1. APPLICANT

Name:	Phone: ()
Address:	Fax #: ()
City:	Zip:

2. PROGRAM DESCRIPTION

3. PROBLEM STATEMENT

4. OBJECTIVES

5. ACTIVITIES

ADDITIONAL SIGNATURE
AUTHORIZATION INSTRUCTIONS

The applicant may request signature authority in addition to the designated Project Director and/or Financial Officer by completing an Additional Signature Authority form and submitting it with the Grant Award Forms package. Space is provided for the addition of up to five additional authorizations for the Project Director or Financial Officer.

No single individual may be authorized to sign for both the Project Director and the Financial Officer. **By signing the bottom of this form, the Project Director and/or Financial Officer authorize the person(s) identified on the form to act on their behalf on all grant-related matters.**

ADDITIONAL SIGNATURE AUTHORIZATION

Grant Award #: _____

Applicant: _____

Project Title: _____

Grant Period: _____ to _____

The following persons are authorized to sign for:

Project Director

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Financial Officer

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Approved By:

Project Director: _____

Date

Financial Officer: _____

Date

COMPUTER AND AUTOMATED SYSTEMS PURCHASE JUSTIFICATION GUIDELINES

As stated in the *2004 Recipient Handbook*, approval for purchases of computers and automated equipment is contingent on the project's ability to demonstrate cost effective, project-related need. This is best demonstrated by clearly relating each computer system or component to the grant objectives and activities.

- A. Please answer the following questions. Attach as many pages as necessary to fully answer each question.
 - 1. What is your agency's purpose for the proposed system? Include a description of the items to be purchased and how they will be used. Also, explain how the proposed equipment and/or software will enhance the project's ability to achieve the objectives/activities of the project as specified in the Grant Award Agreement.
- B. If the request is for hardware and software in which the total costs exceed \$10,000, answer the following questions:
 - 1. Describe the proposed design of your system and indicate whether this is a new system or an addition/enhancement of an existing one. In your description please be specific as to type and location of hardware/software and how the system will be operated and maintained.
 - 2. Will the proposed system design meet not only your current, but future needs? Describe in detail.
 - 3. Does the proposed system integrate with others within the agency? Explain both yes and no responses in detail.
 - 4. Do you plan on integrating this system with existing city, county, regional or statewide networks? Explain both yes or no responses in detail.
 - 5. For criminal justice agencies, does the proposed system meet the minimum requirements of the Statewide Integrated Narcotics System (SINS)? Contact OES for additional information regarding SINS requirements.
 - 6. Does the proposed system include intelligence data subject to *28 CFR Part 23* (2003)? Contact California Department of Justice at (916) 263-1182, Western States Information Network regarding these requirements and have them sign the certification of compliance.

NONCOMPETITIVE BID REQUEST CONTRACTS FOR SERVICES CHECKLIST

Has the applicant/recipient met the following requirements of the *2004 Recipient Handbook*:

Section 3511

Yes

No

Do conditions exist that require a sole/single-source contract?

☐
☐

Section 3521.1

Is a brief description of the program or project included?

☐
☐

Section 3521.2

Was it necessary to contract noncompetitively?

☐
☐

Did the contractor submit his/her qualifications?

☐
☐

Is the reasonableness of the cost justified?

☐
☐

Were cost comparisons made with differences noted for similar services?

☐
☐

Is a justification provided regarding the need for contract?

☐
☐

Section 3521.3

Is an explanation provided for the uniqueness of the contract?

☐
☐

Section 3521.4

Are there time constraints impacting the project?

☐
☐

Were comparisons made to identify the time required for another contractor to reach the same level of competence?

☐
☐

NONCOMPETITIVE BID REQUEST CONTRACTS FOR GOODS CHECKLIST

Has the applicant/recipient met the following requirements of the *2004 Recipient Handbook*:

Section 3510

Yes

No

Do conditions exist that require a sole/single-source contract?

☐
☐

Section 3521.1

Is a brief description of the program or project included?

☐
☐

Section 3521.2

Was it necessary to contract noncompetitively?

☐
☐

Did the contractor submit his/her qualifications?

☐
☐

Is the reasonableness of the cost justified?

☐
☐

Were cost comparisons made with differences noted for similar services?

☐
☐

Is a justification provided regarding the need for contract?

☐
☐

Section 3521.3

Is an explanation provided for the uniqueness of the contract?

☐
☐

Section 3521.4

Are there time constraints impacting the project?

☐
☐

Were comparisons made to identify the time required for another contractor to reach the same level of competence?

☐
☐